PCI	Comp	liance
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							r Ci Compilance
			Division/Depart	ment Name		Merchant ID	
				Device Inven	tory		
Device	Device Type						
Start Date	(Access to card			Model			
(Date	environment)	Location		Number			

Device Start Date (Date device put in place)	Device Type (Access to card environment) (POS Terminal, Computer, Smartphone, Ipad, etc.,)	Location (Building Room/Jack)	Serial #	Model Number	Software Version	MAC Address	Assigned User Title/Name
	Reviewer Name	Date		Bri	ief Description for Change Log/	Annual Review	

Please complete, sign, and upload to your department's PCI SharePoint folder:

Assigned User (Print name)
Responsible Administrator (Print name)
Responsible Administrator Signature (Wet only)
Date